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Date:

May 17, 2005

File Number:

9362-4

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Examiner: Levy, Neil S. Group Art Unit: 1615

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#### RESPONSE UNDER 37 C.F.R. 1.116 - EXPEDITED PROCEDURE - EXAMINING GROUP 1615

Attorney's Docket No. 9362-4

**PATENT** 

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Williams et al.

Confirmation No.: 9764

Serial No.: 10/662,621

Group Art Unit: 1615

Filed: September 15, 2003

Examiner: Levy, Neil S.

For: CARBON DIOXIDE-ASSISTED METHODS OF PROVIDING

BIOCOMPATIBLE INTRALUMINAL PROSTHESES

Date: May 17, 2005

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application. Applicant claims small entity status. See 37 CFR §1.27. No additional fee is required.

The fee has been calculated as shown below:

| (COL. 1)                                    |                                           | (COL. 2)                                    | (COL. 3)         | SMALI                | SMALL ENTITY  |             | OTHER THAN A<br>SMALL ENTITY |  |
|---------------------------------------------|-------------------------------------------|---------------------------------------------|------------------|----------------------|---------------|-------------|------------------------------|--|
|                                             | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid For | Present<br>Extra | RATE                 | ADDIT.<br>FEE | OR<br>RATE  | ADDIT.                       |  |
| Total                                       | 76                                        | 26                                          | = 50             | x 25=                | \$            | × 50=       | FEE<br>\$ 2,500.00           |  |
| Indep                                       | 10                                        | 3                                           | = 7              | x100=                | \$            | x200=       | \$1,400.00                   |  |
| ☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |                                           |                                             |                  | +180=                | \$            | +360=       | \$                           |  |
|                                             |                                           |                                             |                  | Total<br>Add. Fee \$ |               | OR<br>Total | \$3,900.00                   |  |

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

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MAY 1 7 2005

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### RESPONSE TO FINAL OFFICE ACTION OF MAY 4, 2005

Sir:

Applicants provide the present Amendment to address the issues raised in the Final Office Action (the "Final Action") mailed May 4, 2005. Applicants provide the present Amendment pursuant to the rules stated in revised 37 C.F.R. 1.121 that became effective on July 30, 2003.

05/18/2005 EAREGAY1 00000016 500220 10662621

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